## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 04/01/2005 Volpe and Koenig, P.C. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. United Plaza, Suite 1600 30 South 17th Street Philadelphia, PA 19103 05/26/2005 BABRAHA2 00000032 10038510 Frederick Koenig, III (Signature) 01 FC:2501 02 FC:1504 700.00 OP May 300.00 OP FC:8001 FILING DATE APPLICATION NO. FIRST NAMED INVENTOR CONFIRMATION NO. ATTORNEY DOCKET NO. 10/038,510 Wang Nang Wang 01/03/2002 0008/0A011 5465 TITLE OF INVENTION: VERTICAL CAVITY SURFACE EMITTING SEMICONDUCTOR LASER WITH TRIANGLE PRISM OPTICAL CAVITY RESONATOR APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE YES nonprovisional \$700 \$300 \$1000 07/01/2005 **EXAMINER** ART UNIT CLASS-SUBCLASS HO, TU TU V 2818 257-081000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Volpe and Koenig,P (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 'Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Taiwan, R.O.C. Arima Optoelectronics Corp. Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 🚨 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_\_ (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature C. Frederick Koenig, 29,662 Typed or printed name Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006.
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of information unless it displays a valid OMB control number. the Paperwork Reduction Act of 1995, no persons are required to respond t **Application Number** 10/038.510 **TRANSMITTAL** Filing Date January 3, 2002

First Named Inventor **FORM** Wang et al. Art Unit 2818 **Examiner Name** Tu Tu V. Ho (to be used for all correspondence after initial filing) Attorney Docket Number DEE-PT178 Total Number of Pages in This Submission

			ENG	CLOS	JRES (Check a	all that apply	)		
X	Fee Tran	smittal Form		Drawin	g(s)			After Allowance Communication to TC	
	⊠ F	ee Attached	Ш	Licensi	ing-related Papers			Appeal Communication to Board of Appeals and Interferences	
	Amendm	ent/Reply		Petition Petition	n n to Convert to a			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
		fter Final	H	Power	onal Application of Attorney, Revoca			Proprietary Information Status Letter	
П		ffidavits/declaration(s)		•	e of Correspondence al Disclaimer	e Address	$\boxtimes$	Other Enclosure(s) (please Identify below):	
	Express Abandonment Request		Request for Refund  CD, Number of CD(s)				Forn	n PTOL-85	
	Information Disclosure Statement								
				L	andscape Table on	CD			
	Certified Copy of Priority Document(s)		Rem	arks			•		
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53									
		,							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							ENT		
Firm Name VOLPE AND KO		VOLPE AND KOENI	IIG, P.C.						
Signature		· Sh							
Printed name		C. Frederick Koenig,	III						
Date		5/2	3/0	سح.		Reg. No.	29,66	52	

## **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date Typed or printed name C. Frederick Koenig, III

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 07/31/2006.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL
For FY 2005

EXAMPLICATION AND UNIT OF PAYMENT (\$) 1,030,00

TOTAL AMOUNT OF PA	MENI (4	5) 1,030.00		Attorney Docke	t No. DE	E-PT178		
METHOD OF PAYMEN	VT (check a	Il that apply)						
Check Credit Card Money Order 22-0493 Other (please identify):  Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION  1 BASIC FILING SEA	BCH AND	EVAMINATION	FEEG					
1. BASIC FILING, SEA	ASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity pplication Type  Fee (\$)  Fee (\$)  Fee (\$)  Fee (\$)			Small Entity	Fees Pa	r:4 (¢)		
Utility	300	<u>Fee (\$)</u> 150	500	Fee (\$) 250	200	<u>Fee (\$)</u> 100	1000	10.147
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims								Small Entity Fee (\$) 25 100 180
- = HP = highest number of total	I alaima paid fo	x	= 0.00	<del></del>	Fee (\$)	· -	aid (\$)	
	Extra Claim	<u>ns Fee (\$)</u> x	Fee Pa = 0.00 han 3	<u>lid (\$)</u>		0.00		
3. APPLICATION SIZE  If the specification and for each additional  Total Sheets  - 100 =  4. OTHER FEE(S)  Non-English Specification and for each additional and for each addi	d drawings of 150 sheets o Extra Shee	or fraction thereo ets Number / 50 =	of. See 35 er of each	5 U.S.C. 41(a)(a additional 50 o (round up to a w iscount)	(1)(G) and a	37 CFR 1.16(s) nereof	(\$). = 0.00	Paid (\$)
Other: Issue Fee, I	<u>Publication</u>	1 Fee, and 10 /	Advance	Soft Copies			1,030	J.00

SUBMITTED BY				`
Signature	2 Son	Registration No. 29,662 (Attorney/Agent)	Telephone 215-568-640	0
Name (Print/Type)	C. Frederick Koenig, III		Date May 23, 2	005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.